

## **Table of Contents**

**State/Territory Name: IA**

**State Plan Amendment (SPA) #: 15-0031**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-14-26  
Baltimore, Maryland 21244-1850



**Disabled & Elderly Health Programs Group**

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December 8, 2015

Ms. Mikki Stier  
Medicaid Director  
Iowa Department of Human Services  
1305 E. Walnut Street  
Des Moines, Iowa 50319-0114

Dear Ms. Stier:

We have reviewed Iowa State Plan Amendment (SPA) 15-031, Prescribed Drugs, received in the Kansas City Regional Office on September 24, 2015. This amendment proposes to allow for the inclusion of Medicaid managed care utilization for the accrual of supplemental rebates through the SSDC Iowa Medicaid Supplemental Drug Rebate Agreement.

Based on the information provided, we are pleased to inform you that consistent with the regulations at 42 CFR 430.20, SPA 14-0008 is approved with an effective date of January 1, 2016. A copy of the signed CMS-179 form, as revised, as well as the pages approved for incorporation into the Iowa state plan will be forwarded by the Kansas City Regional Office.

If you have any questions regarding this SPA, please contact Lisa Ferrandi at (410) 786-5445.

Sincerely,

/s/

John M. Coster, Ph.D., R.Ph.  
Director  
Division of Pharmacy

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <u>1 5 — 0 3 1</u>	2. STATE IOWA
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE January 1, 2016	

5. TYPE OF PLAN MATERIAL (Check One)

NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION 42 U.S. Code Section 1396r-8	7. FEDERAL BUDGET IMPACT a. FFY '15 \$ 0 b. FFY '16 \$ 0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 2 to Attachment 3.1-A, Page 29	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Supplement 2 to Attachment 3.1-A, Page 29

10. SUBJECT OF AMENDMENT

SSDC IA Medicaid Supplemental Drug Rebate Agreement utilized by the state to enter into a drug rebate agreement with a drug manufacturer has been revised. CMS must authorize any changes to the existing model rebate agreement.

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO CHARLES M. PALMER DIRECTOR DEPARTMENT OF HUMAN SERVICES 1305 EAST WALNUT 5TH FLOOR / DES MOINES IA 50319-0114
13. TYPED NAME CHARLES M. PALMER	
14. TITLE DIRECTOR	
15. DATE SUBMITTED 9-24-15	
<b>FOR REGIONAL OFFICE USE ONLY</b>	

17. DATE RECEIVED September 24, 2015	18. DATE APPROVED December 8, 2015
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<b>PLAN APPROVED - ONE COPY ATTACHED</b>	
19. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2016	20. SIGNATURE OF REGIONAL OFFICIAL /s/
21. TYPED NAME James G. Scott	22. TITLE Associate Regional Administrator for Medicaid and Children's Health Operations

23. REMARKS

State/Territory:

IOWA

- (f). Nonprescription drugs (Some - select acne preparations, analgesics, antidiarrheals/antacids, antiemetics, antihistamines, cough & cold, GI stimulants/antiflatulents, insulin, nicotine replacement therapy, NSAIDs, ophthalmics, respiratory inhalants, topical antibiotics, topical antifungals, topical keratolytics, topical pediculicides, vaginal antifungals, and nonprescription drugs previously covered as prescription drugs).
- (g). Covered outpatient drugs, which the manufacturer seeks to require as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee. (None)
- (h). Agents when used for the treatment of sexual or erectile dysfunction, unless such agents are used to treat a condition, other than sexual or erectile dysfunction, for which the agents have been approved by the Food and Drug Administration. (None)

#### SUPPLEMENTAL MEDICAID REBATE AGREEMENT

Pursuant to Section 1927 of the Act, the state has the following policies for supplemental rebates for Medicaid.

- A. CMS has authorized the state of Iowa to enter into “The Sovereign States Drug Consortium (SSDC).” A model rebate agreement between the state and a drug manufacturer for drugs provided to the Medicaid population, submitted to CMS on September 24, 2015, and entitled “SSDC Iowa Medicaid Supplemental Drug Rebate Agreement” has been authorized by CMS.

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State Plan TN # IA-15-031  
Superseded TN # IA-13-031

Effective January 1, 2016  
Approved December 8, 2015